

THE STRONG SMILES PROGRAM: Healthier Teeth for

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Introduction

Oral health is of great concern in Aboriginal health. The burden of oral health is immense throughout numerous communities. Aboriginal children 0–4 years old represent 4.9% of today's population and many of these children are getting their teeth removed via surgery. National data on dental hospitalisation and procedure rates showed that Aboriginal children 5 years and under had the highest dental hospitalisation rate of any age group, with one and a half times the rate of non-Aboriginal children in the same age group.¹ In the North Coast Area Health Service, hospitalisation rates for the removal and restoration of teeth in children aged 0–4 years were much higher than the state average.²

Dental disease can impinge on self-esteem and confidence, impacting on a person's ability to socialise and get jobs. The high cost of treatment can place financial burdens on the families.³ Even though the causes are complex, there is scope for change in reducing inequities in oral health, as most dental disease is preventable.

The development of optimum health across a person's life begins in early childhood when they are more likely to learn either positive or negative behaviours. Early childhood is a critical stage and existing strong evidence highlights the importance of early years in influencing adult health and wellbeing.⁴ Research has shown that in children five years and younger, social differences in access and uptake of oral health care correlate with differences in dental health caries levels in adulthood. The

high dental caries levels in childhood predict a greater level to dental caries over a lifetime.⁵ To help combat the great numbers of children whose teeth are at risk of being removed, it was decided to create a program that can be used to increase the awareness of oral health with the children themselves. That is how the Strong Smiles Program came to be.

Program Implementation

Our aim is to teach children healthy messages of what foods are best to eat to increase good oral health and also how to look after their teeth – messages they can achieve in daily life. The program focuses on what foods should be eaten on a daily basis and what foods should be eaten less often. In Strong Smiles these are called 'Everyday Foods' and 'Sometimes Foods' and the program recommends to children how much of each food to eat.

The program also contains games-based activities, songs, stories and role-playing. These sessions are done in the classroom. This allows the greatest opportunity to establish optimal habits of oral health.⁴

The program primarily targets Aboriginal children in preschool and transition-to-school programs. However, a population health approach is adopted to deliver the program to all children attending the identified preschool or transition-to-school program. The program also has referral and access points for dental therapists teaching and reinforcing good tooth brushing techniques.



Healthier Children

The program has:

- a child-based component taught in the classroom
- a parent-based component which includes a fridge chart of the five key messages and notes sent home to parents on the foods children have tried and other key oral health or nutritional messages
- a centre-based component which includes a kit with all the resources, an instruction manual and a policy template to incorporate oral health practices into infrastructure.

Each of the sessions commences with an interactive story targeting a key message, followed by a small group activity which reinforces the key messages from the story. The resources are culturally appropriate and encourage good health practices in children and their families. All weekly sessions end with a review and singing the songs which relate to the theme of sessions. This is followed by fruit and vegetable tastings with children, where we use informal discussions to encourage them further to try some new foods. This is done just before their morning break.

We are trying to sustain good health practices through policy implementation, incorporating the curriculum's key priority areas in intervention and resource design. Additionally, we hope to offer training to early childhood workers in order for it to be put into daily practice at many institutions.

Conclusion

Strong Smiles Program has been evaluated and the information we have gathered from this has shown that the children who

participated in the program were able to retain health messages they had learnt from the sessions, even weeks later. They learnt and enjoyed the songs and stories from the program and we found that the children understood the messages given: that it is important to eat healthy foods and drink water to look after their bodies and teeth. Not only did they grasp the messages but also took them successfully into their everyday lives, both at home and school.

References

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Further information

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